Name of HMO

HMO Name:

HMO member services phone number:

List enrollment dates and effective dates:

Yes

HMO Open Enrollment Disclosure

information on the OFIS website from this web page:

The Office of Financial and Insurance Services provides HMO open enrollment

Use this form to initiate or update your HMO's annual open enrollment information.

Find your HMO's current open enrollment information on the table at the web address above.

http://www.michigan.gov/documents/hmo_enrl_25290_7.html

1. Update "HMO and Date of Original License" as necessary:

URL (web address) to HMO website (HMO name will be the text for the link):

2. Update column titled "Individual Open Enrollment Dates"

Does HMO hold its open enrollment during the same month each year?

(OFIS may need to reformat your information for fit and consistency)

Enter information only if it needs to be updated on the OFIS website.

S	O	324	(11/06)	Office of	Financial 8	lneurance	Services
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Filing is required for: **All Commercial HMOs**

NAIC Group number and Co. code

DUE

2007

March 1, 2007

operation, to have an open enrollment of not less than 30 days at least once during each consecutive 12-month period. Return completed form to OFIS By mail to: OFIS Supervisory Affairs & Insurance Monitoring PO Box 30220 Lansing MI 48909-7720 By delivery to: OFIS Supervisory Affairs & Insurance Monitoring 611 W. Ottawa St. Lansing MI 48933 By email to: mcrzepe@michigan.gov By fax to: 517-241-4610 Intact information below and file form.	and Co. code	
By mail to: OFIS Supervisory Affairs & Insurance Monitoring PO Box 30220 Lansing MI 48909-7720 By delivery to: OFIS Supervisory Affairs & Insurance Monitoring 611 W. Ottawa St. Lansing MI 48933 By email to: mcrzepe@michigan.gov By fax to: 517-241-4610	ion. ddress above.	after the initial 24 months of operation, to have an open enrollment of not less than 30 days at least once during each
OFIS Supervisory Affairs & Insurance Monitoring PO Box 30220 Lansing MI 48909-7720 By delivery to: OFIS Supervisory Affairs & Insurance Monitoring 611 W. Ottawa St. Lansing MI 48933 By email to: mcrzepe@michigan.gov By fax to: 517-241-4610		Return completed form to OFIS
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ntact information below and file form. Date sent to OFIS		By fax to:
Date sent to OFIS		517-241-4610
	ntact information be	low and file form.
Contact porcon amail address	Date sent to OFIS	
Joniadi person eman address	Contact person email addres	ess

Authority: MCL500.438. Failure to properly file this form annually before the due date may result in a fine or action involving the HMO's Michigan certificate of authority.



Contact person for this form

Contact person phone number

Michigan Department of Labor & Economic Growth

3. If none of the HMO's information changed, check this box ___, fill in contact information

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442